PCV79

DEVELOPMENT AND VALIDATION OF THE NEW HEALTH-RELATED QUALITY OF LIFE INSTRUMENT SPECIFIC TO PATIENTS WITH CORONARY ARTERY DISEASE (CAD) IN POLAND: POL-CAD

Jaworski R[1], Muszynska A[2], Halik J[3], Harmata W[4], Czech M[1], Pachocki R[1]
[1]Servier Poland Research Institute, Warsaw, Poland; [2]Medical University, Warsaw, Poland; [3]Centre for the Informative Systems in Health Care, Warsaw, Poland; [4]Military Institute of Chemistry and Radiometry, Warsaw, Poland

OBJECTIVES: To develop a new instrument applicable to quality of life (QoL) assessment in patients suffering from coronary artery disease and to evaluate reliability of the results obtained with the use of this instrument in the Polish setting. **METHODS:** Construction of the POL-CAD questionnaire is based on a literature review concerning different quality of life measures, experts' opinions in cardiology field, and interviews with patients. POL-CAD includes 17 items clustered into 5 domains: coronary pains, physical functioning, emotional status, social activity and satisfaction with treatment. The score for each domain is the sum of the items with the 0–20 range. The summary measure consists of the total score for all domains. The validation study in Poland involved 57 patients with different Canadian Cardiovascular Society (CCS) classification and consisted of pre-testing and two repeated QoL measures at a 4-week interval. Visual analogue scale was also included, to measure individuals' preferences and evaluate utility values for different CAD states. **RESULTS:** Most of the patients (84.2%) reported complete understanding of the questions and 73.7% were able to complete POL-CAD unaided. The mean values of the total QoL score achieved were: 70.6 ± 12.7 in CCS I, 57.7 ± 9.5 in CCS II and 50.1 ± 12.2 in CCS III. Observed differences were statistically significant ($p < 0.05$). Results obtained for the stable patients were fully repeatable at four weeks intervals. The differences for the patients who changed the CCS over time were also statistically significant ($p < 0.05$). A very high correlation $0.9 > r > 0.7$ of the coronary pain score with the total score and also the high correlation $0.7 > r > 0.5$ with the scores for the remaining domains were observed. **CONCLUSIONS:** Quality of life assessment made with the use of the POL-CAD correlates strongly with the states of CAD according to CCS classification. POL-CAD allows provision of reliable assessment of the health related quality of life in CAD patients.

PCV80

EARLY EVOLUTION, DETERMINANTS AND PREDICTIVE POWER OF HEALTH RELATED QUALITY OF LIFE IN A MULTICENTRIC POPULATION OF PATIENTS WITH HEART FAILURE

Permanyer-Miralda G, Soriano N
University Hospital Vall d'Hebron, Barcelona, Spain

OBJECTIVE: The early results of a prospective one year follow up study of HRQL of patients (pts) admitted to 32 general hospitals during a 10-month period for CHF are reported. **METHODS:** Diagnosis was established based on the European Society of Cardiology criteria and HRQL was measured with the SF-36 health profile. **RESULTS:** Of the 849 already recruited pts, information of HRQL is available for 605 pts at baseline and for 506 at one month. Forty-two percent were women, mean age was 70 (from 17 to 96), 62% had previous diagnosis of heart failure, 42% had diabetes mellitus, 40% had at least one important comorbid condition, 49% had biventricular heart failure at admission and 37% had functional class IV (New York Heart Association classification). Heart failure pts had low scores in all dimensions of the SF-36 and improvement after admission was only modest. At one month evaluation the Physical Component Summary (PCS) score of the SF-36 increased from 33 to 35, and its determinants were PCS at baseline (beta coefficient of 5 for an increase of 10 units) and biventricular heart failure (beta coefficient of –3.37). The Mental Component Summary (MCS) increased from 41 to 44 and its determinants were PCS (beta coef. of 1.7 for a 10 units increase) and MCS (beta coef. 4.2 for a 10 units increase) at baseline, gender (beta coef. of –3.4 for women) and comorbidity (beta coef. of –2.47). Eight percent of patients died during the first month, being PCS at baseline (odds ratio of 0.96 for one unit increase) and age (odds ratio of 1.09 for each year) independent predictors of this short-term mortality. **CONCLUSION:** Compared with pts with coronary syndromes these patients had worse scores of general health perceptions and mental health and also less improvement.

DIABETES

DIABETES—Clinical Outcomes Studies

PDB1

IMPROVED GLYCAEMIC CONTROL AND LESS HYPOGLYCAEMIA WITH INSULIN GLARGINE COMPARED WITH NPH INSULIN IN PATIENTS WITH TYPE 2 DIABETES LEADS TO FEWER LONG-TERM COMPLICATIONS—RESULTS OF THE DIABETES MELLITUS SIMULATION MODEL

Maxion-Bergemann S[1], Müller E[1], Bergemann R[1], Walleser S[1], Huppertz E[2]
[1]Institute for Medical Outcome Research (IMOR) GmbH, Lörrach, Germany; [2]Aventis Pharma Deutschland GmbH, Bad Soden/Taunus, Germany

OBJECTIVES: To investigate the effect of insulin glargine (glargine) versus NPH insulin (NPH) on long-term outcomes in Type 2 diabetes using the Diabetes Mellitus Model (DMM). **METHODS:** The DMM predicts numerous short- and long-term complications over 10 years, based on published studies. The main influence on outcomes is HbA_{1c}, which is simulated over time. The version